

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90215 045 \*\*\*150.00

DOCUMENT # P00000059122

1. Entity Name

SIGN LANGUAGE INTERPRETERS, INC. OF SOUTH  
FLORIDA



Principal Place of Business

8281 S.W. 107TH AVE  
B  
MIAMI FL 33173

Mailing Address

8281 S.W. 107TH AVE  
B  
MIAMI FL 33173

2. Principal Place of Business

14931 SW 82 Lane

3. Mailing Address

14931 SW 82 Lane

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

406

City & State

Miami

City & State

Miami

Zip

33193

Country

USA

Zip

33193

Country

USA

6. Name and Address of Current Registered Agent

MICHAELS, JAMES R  
8281 S.W. 107TH AVENUE  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

James Michaels

Street Address (P.O. Box Number is Not Acceptable)

14931 SW 82 Lane #406

City

Miami

FL

Zip Code

33193

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

James R. Michaels

2/10/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ND ☒ Delete  
NAME MICHAELS, JAMES R  
STREET ADDRESS 8281 S.W. 107TH AVE SUITE B  
CITY-ST-ZIP MIAMI FL 33173

TITLE ND ☐ Delete  
NAME Michaels, James R  
STREET ADDRESS 14931 SW 82 Lane #406  
CITY-ST-ZIP Miami, FL 33193

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

James R. Michaels

2/10/05

305 218-3947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #